Rx: Health Care FYI #41

Subject: *Eliminating Preventable Medication Errors*
From: *Rep. Tim Murphy (PA-18)*

The problem: Preventable medication errors injure 1.5 million patients and cost more than $3.5 billion each year.[1]

What injuries result from medication errors?

- Medication-induced injuries also referred to as Adverse Drug Events (ADE) are caused by drug allergies, drug-drug interactions, drug overdoses or incorrect prescriptions.[2]

Where do medication errors occur?
- Hospitals: At least 450,000 injuries annually. [3] The average hospital patient can be subjected to at least one medication error per day.[4]
- Long-term care: At least 800,000 injuries annually.[5]
- Ambulatory care: Among Medicare patients, 530,000 injuries annually.[6]

Medication errors increase health care costs:
- Hospital care: $5,857 in additional cost per patient.[7]
- Ambulatory care: $1,983 in additional cost per Medicare patient. Up to $887 million in annual national costs.[8]

The federal government:

- The Centers for Medicare and Medicaid Services (CMS) has allocated $6 million to conduct 4 electronic prescribing pilot projects to ensure that patients receive the correct medications. Results will be completed next year.
- Under the Medicare Modernization and Improvement Act (MMA), CMS will require Medicare Part D prescription drug plans to support electronic prescribing standards for use by those providers who prescribe drugs for beneficiaries electronically once national standards are issued.

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[1] Institute of Medicine. Preventing Medication Errors. July 2006.

[2] Bates, DW. Et al. The cost of adverse drug events in hospitalized patients. Journal of the American Medical Association. 1997.

[3] Ibid.

[4] Institute of Medicine. Preventing Medication Errors. July 2006.

[5] Gurwitz, JH. Et. al. The incidence of adverse drug events in two large academic long-term care facilities. American Journal of Medicine. 2005.

[6] Gurwitz, JH. Et. al. Incidence and preventability of adverse drug events among older person in the ambulatory setting. Journal of the American Medical Association. 2003.

[7] Bates, DW. Et al. The cost of adverse drug events in hospitalized patients. Journal of the American Medical Association. 1997.

[8] Field, TS. Et. al. The cost associated with adverse drug events among older adults in the ambulatory setting. Medical Care. 2005.

- CMS is collecting data related to the effective use of medications, including 11 measures of care that directly measure correct medication use with heart attack, pneumonia and surgical infections at www.HospitalCompare.hhs.gov.
- H.R. 4241, the Deficit Reduction Act, which was signed into law on February 8, 2006, includes $150 million over the next three years in Medicaid Transformation Grants secured by Congressman Murphy for health care facilities with high Medicaid populations to implement electronic health records or electronic prescribing. A notice of these grants will be released by October 1, 2006.
- H.R. 3205, the Patient Safety and Quality Improvement Act, which was signed into law on July 29, 2005, provides legal protection for health care providers who voluntarily report medical and medication errors to patient safety organizations.
- H.R. 4157, the Health Information Technology Promotion Act, which was passed by the U.S. House Energy and Commerce Committee, would allow health care facilities to purchase electronic prescribing technologies for their doctors. The bill is currently being reconciled with a different version from the U.S. House Ways and Means Committee before the U.S. House Rules Committee.

Recommendations:

- Immediately pass H.R. 4157 to allow health care facilities to purchase electronic prescribing technologies for their doctors to eliminate preventable medication errors. This technology will eliminate injuries caused by medication errors to ensure that every patient receives the right drug the first time. Electronic prescribing will also eliminate the 150 million phone calls that pharmacists make each year to verify unreadable prescriptions.[9]
- Establish a process for patients to be told immediately when an injury from a medication occurs.
- Establish a national drug information telephone helpline to allow patients to ask questions regarding their medications or to report injuries caused by medications.
- Brand and generic drugs often sound alike. A standard terminology should be established for patients and doctors to easily identify medications.
- Complete studies to evaluate the injuries and costs of medication errors that have yet to receive investigation. This includes injuries caused by medication errors outside of health care facilities, errors caused by patient failure to comply with prescribed medication regimens, errors of omission (failure to receive drugs that should have been prescribed) or doses administered at the wrong time.

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[9] Institute for Safe Medication Practices. Electronic Prescribing Can Reduce Medication Errors. 2000.